

**HAWAII STATE ETHICS COMMISSION**

1001 Bishop Street, ASB Tower Suite 970  
Honolulu, Hawaii 96813  
P.O. Box 616, Honolulu, Hawaii 96809  
Telephone: 587-0460 Fax: 587-0470  
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**GIFTS DISCLOSURE STATEMENT**

*(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)*

NAME: TAM T. NGUYEN

STATE POSITION: CHEMIST  
DUI COORDINATOR

STATE AGENCY: STATE LABORATORIES DIVISION

STATE TEL. NO.: (808) 453-6676

STATE MAILING ADDRESS: 2725 WAIMANO HOME ROAD, PEARL CITY, HAWAII 96782-1496

| 1 | DONOR                                    | 2 | DESCRIPTION OF GIFT   | 3 | DATE<br>REC'D            | 4 | GIFT<br>VALUE | 5 | AGG.<br>VALUE |
|---|--|---|---|---|--------------------------|---|---------------|---|---------------|
|   | CMI, INC. (OWENSBORO,<br>KENTUCKY 42303) |   | TRAINING FEE AND LODGING (FOR TRAINING<br>ON PRINCIPLES, OPERATION AND      |   | 12/1/2005 -<br>12/2/2005 |   | \$875.00      |   |               |
|   |  |   | MAINTENANCE OF THE BREATH ALCOHOL<br>TESTING INSTRUMENT, INTOXILYZER 5000EN |   |                          |   |               |   |               |
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|   |       |   | '06 JUN 23 A10:12                          |   |               |   |               |   |               |
|   |       |   | STATE OF HAWAII<br>STATE ETHICS COMMISSION |   |               |   |               |   |               |
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\_\_\_\_ Check here if you have attached additional sheets.

**CERTIFICATION:** I hereby certify that the above is a true, correct, and complete statement.



6/22/06

SIGNATURE

DATE